

EXHIBIT 8

Fill in this information to identify the case:

Debtor Orion HealthCorp, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number 18-71748
(if known)☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Creditors with Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1	Creditor's name BANK OF AMERICA, N.A., AS ADMIN AGENT Creditor's mailing address BANK OF AMERICA, N.A. CREDIT SERVICES ATTN: BRENDA SCHRINER; TX1-492-14-11 901 MAIN STREET DALLAS, TX 75202-3714 Creditor's email address Date or dates debt was incurred 1/30/2017 Last 4 digits of account number: 2995 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien 1ST LIEN ON SUBSTANTIALLY ALL ASSETS OF THE DEBTORS Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$158,200,710.89	UNKNOWN
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2.2	Creditor's name BANK OF AMERICA, N.A., AS ADMIN AGENT Creditor's mailing address BANK OF AMERICA, N.A. CREDIT SERVICES ATTN: BRENDA SCHRINER; TX1-492-14-11 901 MAIN STREET DALLAS, TX 75202-3714 Creditor's email address Date or dates debt was incurred 2/22/2018 Last 4 digits of account number: 5917 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Describe debtor's property that is subject to a lien 1ST LIEN ON SUBSTANTIALLY ALL ASSETS OF THE DEBTORS Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,071,763.89	UNKNOWN
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3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$159,272,474.78
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